

**Office of Housing, Buildings and Construction
State Fire Marshal's Office – Hazardous Materials Section
101 Sea Hero Road, Suite 100
Frankfort, Kentucky 40601-5405
Telephone: (502) 573-0382 ext. 418 Fax: (502) 573-1004**

APPLICATION FOR LICENSE TO ENGAGE IN THE LP-GAS BUSINESS



☐ New LP Gas Dealer

☐ New Owner (Previous license # _____)

Type of LP Gas License Applying For: _____

Amount of Fee Enclosed: \$ _____

The undersigned hereby applies for a permit to engage in the liquefied petroleum gas and/or liquefied petroleum gas equipment business within the Commonwealth of Kentucky in accordance with KRS 234.

1. Location Name (d.b.a.): _____

If the name has changed, what was it previously name: _____

Location Street Address: _____

City: _____ County: _____ State: _____ Zip: _____

Location Telephone #: _____ Location Fax #: _____

Federal Tax ID # _____

2. Owner of Location: _____

Owner's Street Address: _____

City: _____ State: _____ Zip: _____

Owner's Telephone #: _____ Contact Person: _____

3. Name of Supplier: _____ Telephone #: _____

Address: _____

City: _____ State: _____ Zip: _____

4. This only applies to license type "A".

Does this location have a satellite: ☐ Yes ☐ No Explanation: Facilities used for the **storage only** of liquefied petroleum gas for resale within a radius of twenty (20) miles of an office or place of business shall be considered a part of the office or place of business and shall not require a separate license.

Address of Satellite Location: _____

City: _____ County: _____ State: _____ Zip: _____

5. This only applies to license type "A" "B" & "C".

Size of tanks\vessels _____ Number of Tanks: _____

6. A "***Certificate of Insurance***" from an Authorized Insurance Carrier must be received before a license can be issued or renewed. The Certificate Holder shall be listed as: Office of Housing, Buildings & Construction; Hazardous Materials Section, 101 Sea Hero Road Suite 100, Frankfort KY 40601-5405. **NOTE: Insurance Declarations or Binders are not accepted.**

Name of Insurance Agent: _____

Street Address of Insurance Agent: _____

City: _____ State: _____ Zip: _____

Telephone #: _____ Fax #: _____

Date: _____ Signature: _____

Title: _____

All required information: application, Certificate of Insurance, and check/money order payable to the Kentucky State Treasurer must be received before a license can be issued. Mail all of the required information to:

Office of Housing, Building and Construction
State Fire Marshal's Office – Hazardous Materials Section
101 Sea Hero Road Suite 100
Frankfort, Kentucky 40601-5405
Attention: Mac